

Appendix 2

Optional Documentation Form for Travel Time and Time of Service

In order to meet the requirements of reporting personal care and travel time, schedules must be kept showing the name of the client serviced, employee providing service, and where both the client and the employee reside. This would facilitate an internal or external review of employee documented travel time.

Client's Name _____ HHA/PCW Charting Form YEAR _____
Client # _____

TRAVEL TIME									
DAY	DATE	FROM WHERE	Travel TO Client			Travel FROM Client		TO WHERE	Total Miles
			Time Begin	Time End	Total Miles	Time Begin	Time End		
SAT									
SUN									
MON									
TUE									
WED									
THUR									
FRI									
			Weekly Total =					Weekly Total =	

TIME OF SERVICE	SAT	SUN	MON	TUE	WED	THUR	FRI	Weekly Total
Date:								
Dress/Undress								
TEDS Stocking								
Tub Bath								
Bed Bath								
Shower								
Hair: Comb/Brush/Shampoo								
Oral Care								
Preventive Skin Care								
Shaving								
Nail Care								
Glasses/Hearing Aid								
Ambulation (walking)								
Mech. Transfer/Hoyer								
Transfer								
Positioning								
Toileting								
Incontinent Care								
Catheter Care								
Bowel Routine								
Apply/Remove splints/braces								
Range of Motion Exercises								
Accompany to Medical Appt.								
Measure I and O								
T, P, R, BP								
Meal Prep/Feeding								
Make Bed/Change Linen								
Laundry								
Dust/Clean								
Wash Dishes								
Safety Precautions:								
Other:								
Changes to Report	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Comments: _____

PCW/HHA Signature _____ Print HHA/PCW Name _____ Empl. # _____
Client Signature _____ RN Signature _____ Review Date _____